

MAR 15 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH,

County Adair

Registration District No. 4

Township Richards

Primary Registration District No. 3001

City Richards (No.)

File No. 4803
Registered No. 37 Ward

2. FULL NAME Mary Alice McHarry

(a) Residence, No. 1104 North Main St. 1 Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. McHarry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-13-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Columbia City
(STATE OR COUNTRY) Georgia

13. NAME Robert Anne

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Mary - Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Francis Hall
(ADDRESS) 407 W. Cottonwood, Richards, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 2-21-1937

19. UNDERTAKER Dee Riley Funeral Home
(ADDRESS) Richards, Mo.

20. FILED Feb. 22 1937 Spencer Freeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1937

22. I HEREBY CERTIFY, That I attended deceased from June 1925 to Feb 19 1937

I last saw her alive on Feb 19 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
151

Other contributory causes of importance: Tuberculosis, chronic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Martin M. D.

(Address) Richards, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH CAPITAL LETTERS, IN INK, IN THIS SPACE

1-7704

